





STATE OF WASHINGTON

APPLICATION FOR CHANGE/TRANSFER OF WATER RIGHT

For filing with the Department of Ecology or with County Conservancy Boards

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(Check all that apply.)		FOR OFFIC	E USE ONLY
X Change purpose(s) of use Add purpose(s) of use		CHANGE No	WDIA
Change point(s) of diversion/withdrawal			
X Add point(s) of diversion/withdrawal		DATE ACCEPTED	/BY
X Change/transfer place of use		FEE \$ REC	C'D
X Other (i.e. consolidation, intertie, trust water)		CHECK No.	
Explain: Consolidation			
	F	ECY Coding: 001-002-WR	10285-000011
	5	SEPA: Exempt	☐ Not exempt
IF MORE SPACE IS NEEDED, ATTACH ADD	ITIONAL SH	EETS (PLEASE PRINT O	R TYPE CLEARLY)
1. Applicant Information:			
APPLICANT/BUSINESS NAME		PHONE NO.	FAX NO
CDC Mead, LLC		(509) 468-5377	(509) 468-5418
ADDRESS		(000) 100 0011	1 (000) 400-0410
2111 East Hawthorne Road			
CITY		STATE	ZIP CODE
Mead		WA	99021-9517
			700021 0011
CONTACT NAME (IF DIFFERENT FROM ABOVE)		PHONE NO.	FAX NO.
Greg Paolino c/o CDC Mead LLC		(509) 468-5377	(509) 468-5418
ADDRESS			1(000)
2111 East Hawthorne			
CITY		STATE	ZIP CODE
Mead		WA	99021-9517
2. Water Right Information:			
WATER RIGHT OR CLAIM NUMBER	RECORDED	NAME(S)	
#05928 (Ecology file G3-06833)	Kaiser A	luminum and Chemi	ical Corporation
DO YOU OWN THE RIGHT TO BE CHANGED? XYES INO			
IF NO, PROVIDE OWNER(S) NAME and ADDRESS:			
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST F			lanned Davelenment"
The water right has been protected from relinq exemption as defined in RCW 90.14.140(2)(c):			
90.14.130 through 90.14.180, there shall be no			
right is claimed for a determined future develop			
July 1, 1967, or the most recent beneficial use	of the wat	er right whichever	date is later"
Please attach copies of any documentation that dem	nonstrates	consistent. historical L	use of water since the rig
was established. Also, if you have a water system p	olan or cons	servation plan, please	include a copy with your
application.			
FOR OFFI	CE USE ON	LY	
APP. NO PERMIT NO CER	RT. NO	CERT. OF CHAI	NGE NO

APPLICATION FOR CHANGE 5928

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL#	WELL TAG #
CDC Groundwater Well	6	SE	NW	16	26N	43E	36165.9016	ACH-984

B. Proposed

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL#	WELL TAG #
CDC Groundwater Well	1	NW	NW	16	26N	43E	36165.9016	ACH-985
CDC Groundwater Well	2	S 1/2	NW	16	26N	43E	36165.9016	ABR-214
CDC Groundwater Well	5	SE	NW	16	26N	43E	36165.9016	ACH-983
CDC Groundwater Well	6	SE	NW	16	26N	43E	36165.9016	ACH-984
SCWD#3 Freya/Farwell Well	3-6	SE	SW	3	26N	43E		
SCWD#3 Cherry/Farwell Well	3-7	SW	SW	3	26N	43E		
SCWD#3 Helena Well	3-14	NW	NW	9	26N	43E		

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: x YES □ NO PROPOSED: x YES x NO - IF NO, PROVIDE OWNER(S) NAME:

CDC owns 4 wells, Spokane County Water District #3 Water Service Area #4 owns three wells.

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Industrial	2500 gpm	4000	Continuous year round

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Municipal	2475 gpm	499.0	Municipal year round

Note: Acre footage request is for 499 AF total beneficial use with 92.05 AF consumptive.

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

That part of the N1/2 of Section 16, T26N, R43 EWM, lying westerly of a line described as: beginning at a point on the section north line 1728.2 feet west of the north quarter corner; thence south 45° east 704.2 feet; thence south 0° 14' west 1338.2 feet; thence south 45° 14' west 353.6 feet; thence south 89° 46' east along the north right-of-way line of Graves Road 478.5 feet; thence on a 924.9 foot radius curve to the left (long chord bearing north 83° 16' east 224.1 feet) 224.6 feet to the section east line; AND NORTHERLY OF A LINE described as: beginning at a point on the section east line 500 feet north from the section east quarter corner; thence north 89° 46' west along southerly right-of-way of said road 2172 feet; thence south 0° 14' west 190 feet; thence north 89° 46' west 2217 feet; thence north 53° 20' west 1103.1 feet to a point on the section west line 1651.2 feet south of the northwest corner.

1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL#	# OF ACRES
Prtn:	N1/2	16	26N	43E	Spokane	36165.9016	197.73
DO YOU	OWN ALL TH	IE LANDS IN	THE EXIST	ING PLACE	OF USE? X YES	NO - IF NO, PROVIDE OWNER(S) NAME:

B. Proposed

			LEGAL DES	CRIPTION	OF LANDS WHERE NEW USE IS	S PROPOSED:	
The pla	ce of us				e area of Spokane Wa		r Service Area
#4 desc	cribed in	the mos	recent S	Spokane	County Water District	#3 Water System P	lan approved
		ton State				ino vidici Oysiciii i	ian approved
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL#	# OF ACRES
					Spokane	SCWD#3 V	VSA #4
DO YOU C	WN ALL TH	E LANDS IN	THE PROPO	SED PLAC	E OF USE? YES X NO	- IF NO, PROVIDE OWNER(S	S) NAME:
		owned by 3 Water			owners within the ser	vice area of the Spo	kane County

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER? X YES D NO-IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): Cert #01032, Cert. #01033, Cert. #01034, Cet. #00928, Cert. #02321

6. Remarks and Other Relevant Information:
Water will be provided by SCWD#3 WSA#4for development and redevelopment of property in
the North Kaiser Service Area, as identified in the Spokane County Coordinated Water System
Plan, limited to the amount of water rights transferred under the water right change/transfer
applications. This application for determined future development requests use of the entire
portion of the water right that was put to beneficial use during the 5-year period ending
December of 2000, with the understanding that use of the non-consumptive portion will be
limited to return flows that occur within the Little Spokane Watershed.
illilited to return flows that occur within the Ende operation visitories.
IF FOR SEASONAL OR TEMPORARY, START DATE/ END DATE/

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

7. Signatures:	7.	Si	gn	atu	res:	
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I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

oy: Mull Walth

(Applicant)

CDC Mend, LLC

by: Mull Walth

(Water Right Holder)

SCWD#3

by: Ty Walt

(Proposed Transferee of Water Rights)

(Date)

(Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION	ON FOR THE FOLLOWING REASON(S	5):
☐ APPLICATION FEE NOT ENCLOSED	☐ MAP NOT INCLUDED or INCOMP	PLETE
☐ ADDITIONAL SIGNATURES REQUIRED	☐ SECTION IS INCO	MPLETE
OTHER/EXPLANATION:		
STAFF:	DATE:/_	